



Department of Recreation

705 Kinderkamack Rd. River Edge, NJ 07661

201-599-6295 • www.riveredgenj.org/recreation • jricca@riveredgenj.org

RECORD OF ACCIDENT RIVER EDGE RECREATION SPORTS ACTIVITY

NAME OF PLAYER _____ AGE: _____

PARENT/GUARDIAN _____ PHONE _____

EMAIL: _____

ADDRESS: _____ TOWN: _____

COACH IN CHARGE _____

LEAGUE _____ TEAM _____

DATE OF ACCIDENT _____ LOCATION _____

NATURE OF INJURY _____

DESCRIBE ACTIONS TAKEN:

WAS EMERGENCY HELP NOTIFIED? _____ IF YES, DESCRIBE THE EMERGENCY ACTION _____

WERE PARENTS NOTIFIED? _____ WAS CHILD IN THE CARE OF PARENTS WHEN LEAVING ACCIDENT LOCATION? _____

REPORTED BY: _____ POSITION: _____

PHONE # _____ EMAIL: _____

SIGNATURE: _____ DATE _____

*Accident reports must be submitted to the Recreation Director within **24 hours**.*

*Please call 201-599-6295 – leave full description and name/number of contact person or email information
jricca@riveredgenj.org*

PLEASE NOTE >>> ALL CLAIMS MUST BE FILED WITHIN NINETY DAYS OF AN ACCIDENT